CLAIMS ONLY	Application Number 16-758320	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
(1)							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
(12)							62							
13							63							
14							64							
15							65							
(16)							66							
17							67							
18							68							
19							69							
20							70							
(21)							71							
22							72							
23							73							
24							74							
25							75							
(26)							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	5						Total Indep							
Total Depend	25						Total Depend							
Total Claims	30						Total Claims							